Department of HUMAN SERVICES

Iowa Mental Health and Disability Services Commission ~~Combined~~ Annual ~~and Biennial~~ Report

December 202~~0~~1

Contents

INTRODUCTION

~~This Combined Annual and Biennial Report of the Iowa Mental Health and Disability Services (MHDS) Commission is submitted pursuant to Iowa Code § 225C.6(1)(h)(i). The report is organized in three parts: (1) an overview of the activities of the Commission during 2020, (2) recommendations formulated by the Commission for changes in Iowa law, and (3) an evaluation of the extent to which services to persons with disabilities are actually available to persons in each county in the state and the quality of those services, and the effectiveness of the services being provided by disability service providers in this state and by each of the State Mental Health Institutes established under Chapter 226 of the Iowa Code and by each of the State Resource Centers established under Chapter 222 of the Iowa Code.~~

This Annual Report of the Iowa Mental Health and Disability Services Commission (the Commission) is being submitted pursuant to Iowa Code § 225C.6(1)(h). The report is organized in two sections: (1) an overview of the activities of the Commission during 2019, and (2) recommendations formulated by the Commission for changes in Iowa law.

Iowa Mental Health and Disability Services Commission Combined Annual and Biennial Report

Executive Summary

The Mental Health and Disability Services Commission (Commission) met a total of ten time during 2020 both in-person and virtually. The Commission provided consultation on the Children's Behavioral Health System Rules, recommended the adoption of eleven MHDS Region's Policy and Procedure Manuals, and submitted their annual Service Cost Increase letter. The Commission also heard the following presentations: overview of the Community Mental Health Centers, co-occurring conditions report, updates from the Children's Behavioral Health System State Board meetings, introduction of DHS Director Kelly Garcia, grants relating to COVID-19, accessibility of Test Iowa sites, and the State Resource Center Barrier Report.

The Commission offers the following recommendations to the General Assembly:

1. Aligning with the Certified Community Behavioral Health Clinic (CCBHC) model, expand the availability, knowledge, skills, competitive compensation and benefits of professionals, paraprofessionals and direct support workers by implementing incentive programs to train, recruit and retain these professionals including but not limited to loan forgiveness programs and opportunities for fellowships.
2. Create a uniform, stable and adequate funding system for MHDS Regions to provide services for individuals with behavioral health, mental health, intellectual/developmental disabilities and brain injuries.
3. Develop an integrated service system for children with serious emotional disturbances, intellectual/developmental disabilities and brain injuries to be coupled with the Children's Behavioral Health System that aligns with Family First Legislation and be evidence-based.
4. Create and maintain a data infrastructure that facilitates ongoing evaluation of the implementation of evidence-based, evidence supported and promising practices through adequate funding of such infrastructure.

The Commission provided evaluation of the state's disability services system including the report of county and regional services and the report of the Mental Health Institutes (MHI), State Resource Centers (SRC), and disability services.

Part 1: Overview of Commission Activities During 2020

Meetings

The Commission held two in-person meetings and eight virtual meetings in 2020. Due to the COVID-19 pandemic, meetings were moved to the virtual format. The meetings included two sessions held jointly with the Iowa Mental Health Planning and Advisory Council. Meeting agendas, minutes, and supporting materials are distributed monthly to an email list of over 200 interested persons and organizations and are made available to the public on the Iowa Department of Human Services (Department) website. Commission meetings and minutes serve as an important source of public information on current mental health and disability services (MHDS) issues in Iowa; most meetings are attended by 10 to 20 guests in addition to Commission members and Department staff.

Officers

In April, John Parmeter (Des Moines) was re-elected Chair of the Commission and Russell Wood (Hampton) was elected Vice-Chair.

Membership

Lorrie Young (Mason City) was appointed to serve a second term. Dennis Bush (Cleghorn) completed his first term in April and resigned from the Commission. Jody Eaton (Newton) completed her second term in April and resigned from the Commission. In May, four new appointees joined the Commission: Janee Harvey (Des Moines) was appointed to represent DHS, Diane Brecht (Cedar Rapids) was appointed to represent as a ID/DD provider, Timothy Perkins (Des Moines) was appointed to represent as a veteran, and Betsy Akin (Corning) was appointed to represent as a parent or guardian of a resident at a State Resource Center.
The following vacancies remain on the MHDS Commission: three County Supervisor seats, one Regional Administrator/CPC, one Service Advocate for Brain Injury, and an AFSCME representative.

Administrative Rules

The Commission consulted with the MHDS Division on the development, review, and approval of one administrative rule package. This package was:

- Children's Behavioral Health System Rules – the amendment to 441 – Chapter 25 added a framework for a children's behavioral health system requiring certain core services for children with serious emotional disturbances. The rules provide guidance to MHDS regions in developing the new core services and include service definitions, provider standards, access standards, and implementation dates. The rules also make changes in MHDS regional governance structure and reporting requirements, and establish eligibility standards for children's behavioral health services. The amendment was presented to the Commission in September 2019 to be noticed for publication. The rules were approved for adoption in January 2020.

MHDS Region Policy and Procedure Manual Review

In May, the Commission recommended to Director Garcia that a proposed change to the Central Iowa Community Services Policy and Procedure Manual be approved. The change was to include the addition of children's core services along with updated definitions.

In May, the Commission recommended to Director Garcia that a proposed change to the County Rural Offices of Social Services Policy and Procedure Manual be approved. The change was to include updated definitions, governing structure, and their budget and management plan to fall in line with code changes and align with actual practices.

In May, the Commission recommended to Director Garcia that a proposed change to the Polk County Policy and Procedure Manual be approved. The change was to include the development of a separate advisory committee for children and expanded the adult advisory committee along with changes in governance structure.

In May, the Commission recommended to Director Garcia that a proposed change to the Southwest Iowa MHDS Region's Policy and Procedure Manual be approved. The change was to include changes required in code, changes to governance structure, adding children's services, and aligning with current practices.

In June, the Commission recommended to Director Garcia that a proposed change to the Eastern Iowa Region's Policy and Procedure Manual be approved. The change was to include taking out attachments, changing the organizational structure and governance and changes to their exception to policies.

In June, the Commission recommended to Director Garcia that a proposed change to the MHDS of the East Central Region Policy and Procedure Manual be approved. The change was to include alignment with Code requirements for governance, cost share, and encouraging the use of nontraditional providers.

In June, the Commission recommended to Director Garcia that a proposed change to the Northwest Iowa Care Connections Policy and Procedure Manual be approved. The change was to include a change in counties to their region and changes related to Code requirements for a children's system including governance structure, weighted voting, and a children's coordinator.

In June, the Commission recommended to Director Garcia that a proposed change to the South Central Behavioral Health Policy and Procedure Manual be approved. The change was to include Code requirements for building a children's system and complex needs services.

In July, the Commission recommended to Director Garcia that a proposed change to the County Social Services Policy and Procedure Manual be approved. The change was to include development of advisory committee, removed Kossuth, Winnebago, and Worth Counties from plan, and reflect the Region as a fiscal agent and employer.

In July, the Commission recommended to Director Garcia that a proposed change to the Rolling Hills Community Services Policy and Procedure Manual be approved. The change was to include alignment with Code requirements and increased definitions.

In July, the Commission recommended to Director Garcia that a proposed change to the Sioux Rivers Mental Health and Disabilities Services Policy and Procedure Manual be approved. The change was to include incorporating language for children's services, adding Dickinson and O'Brien counties, updating definitions, and working with neighboring Regions for access centers.

In August, the Commission recommended to Director Garcia that a proposed change to the Southeast Iowa Link Policy and Procedure Manual be approved. The change was to include

eliminating language around risk pool, updated application and enrollment process, changes reflecting Code requirements, and added extensively to the glossary.

Service Cost Increase Recommendation

In July, the Commission was charged with formulating a recommendation for non-Medicaid expenditures growth funding to the Department and the Council on Human Services. The Commission recommended a 0.2% increase to account for the growth in Iowa's total population, and an additional 1.8% increase to account for inflation. These figures were based on the most recent census data and the inflation model used by the Substance Abuse and Mental Health Services Administration (SAMHSA) respectively. The Commission recommended the evaluation of the sufficiency of all Medicaid fee schedules as well as recommended the implementation of the Assertive Community Treatment rate identified by the state. The Commission lastly recommended the legislature establish an adequate and stable revenue stream for the mental health and disability services system.

Coordination with Other Statewide Organizations

The Commission held two joint meetings with the members of the Iowa Mental Health Planning and Advisory Council (IMHPC), and the two groups regularly shared information throughout the year. Mental Health Planning and Advisory Council Chair, Teresa Bomhoff, regularly attends Commission meetings, reports on IMHPC activities, and relays information between the Commission and the IMPHC. In July, Iowa Developmental Disabilities (DD) Council Executive Director Brooke Lovelace presented an update to both groups on the activities and goals of the DD Council.

Coordination with the Iowa General Assembly

The Commission has four non-voting ex-officio members who represent each party of each house of the Iowa General Assembly. These legislative members attended meetings in person or by phone as they were able during the year.

Reports and Informational Presentations

During 2020, the Commission received numerous reports and presentations on issues of significance in understanding the status of services in Iowa and recognizing promising practices for planning and systems changes, including:

Community Mental Health Centers (CMHC)

In January, Laura Larkin and Mary Mohrhauser from MHDS presented an overview of the CMHC requirements and who their target population is. Mary reviewed the requirements set out by SAMHSA and legislative language for using the block grant.

Co-Occurring Conditions Report

In January, Theresa Armstrong reviewed the co-occurring conditions report from the Directors of DHS and Iowa Department of Public Health (IDPH) and reported it was submitted.

Children's Behavioral Health System State Board

In January, February, April, May, and August, John Parmeter and Theresa Armstrong provided updates of the respective Children's Board quarterly meetings.

DHS Director Kelly Garcia Introduction

In February, Kelly Garcia, DHS Director met with the Commission to introduce herself as well as review the work she has been doing since her arrival in November 2019.

COVID-19 Grants

In May, Theresa Armstrong reviewed grants related to COVID-19 including COVID Recovery Iowa, a FEMA awarded grant and a SAMHSA emergency services grant.

Test Iowa Sites

In August, Dr. Caitlin Pedati, Medical Director of IDPH, discussed accessibility of Test Iowa Sites throughout the State.

State Resource Center Barrier Report

In September, Woodward State Resource Center Superintendent Marsha Edgington presented an overview of the Glenwood and Woodward State Resource Centers (SRC) Annual Report of Barriers to Integration for the calendar year 2019. This report originated as part of a settlement with the U.S. Department of Justice in 2004 to explain the reasons that people stay at the SRC and identify the barriers to moving into more integrated settings. The five major barriers have been identified as: (1) interfering behaviors, (2) under-developed social skills, (3) health and safety concerns, (4) lack of vocational opportunities or day programming, and (5) individual, family, or guardian reluctance. Annual planned reductions in number of SRC beds continue, with a focus on planning transition back to the community from the first day of admission and reducing the need for SRC admissions. Iowa's Money Follows the Person grant project has been an effective tool in supporting former SRC residents in their transition to community living.

Professional Development Activities

The Commission holds an annual meeting each May focused on training and development, which included:

Commission Duties

Theresa Armstrong reviewed the Commission's statutory duties, with particular attention to rule making.

Ethical Considerations

Assistant Attorney General Gretchen Kraemer presented a review of Iowa's open meetings and open records requirements, and discussed conflict of interest, lobbying, communications, and other ethical considerations for Commission membership.

The Administrative Rulemaking Process

Nancy Freudenberg, Department Bureau Chief for Policy Coordination, presented an overview of the Department's administrative rulemaking process with particular attention to the Commission's role in it.

Coordination with MHDS

MHDS Division Administrator Marissa Eyanson, Community Services and Planning Bureau Chief Theresa Armstrong, along with other staff from the Division of Mental Health and Disability

Services have actively participated in Commission meetings throughout the year, communicated regularly, provided timely and useful information, and been responsive to questions and requests from Commission members. A significant portion of each Commission meeting has been devoted to updates and discussion on a variety of relevant issues and initiatives, notably including:

- Active Legislation regarding mental health and disability services
- Legislative Session & Interim Committee Reports
- MHDS Regional development
- County and Regional financial issues
- DHS budget, staffing, and services
- DHS facilities operations
- Crisis Services
- Community Services Mental Health Block Grant
- Mental Health workforce issues
- IA Health Link and other Iowa Medicaid Program changes
- The Complex Service Needs Workgroups
- The Children's Mental Health and Well-Being Advisory Committee
- The Children's System State Board
- Medicaid Waiver Programs
- MHDS Requests for Proposals
- Peer support services

Part 2: Recommendations for Changes in Iowa Law in 2021~~1~~2

Innovative and expanded services have been made available in some of Iowa's 14 MHDS Regions. Some have developed or are providing funding for additional "core-plus" services including residential crisis beds, 23-hour observation and holding, and or transition beds, mobile crisis response, 24-hour crisis lines, mental health commitment prescreening and justice-involved services including mental health courts, jail diversion services, and mental health services in jails. Some Regions are providing services to populations beyond those mandated such as to individuals with developmental disabilities and brain injuries and to children beyond the serious emotional disturbance (SED) diagnosis.

The Commission is concerned ~~with the fact that Regions are not uniform in their approach to pooling of funds, nor is~~ that there is not consistency in the scope and accessibility of services beyond those classified as "core." This is contrary to the original intent of the regional concept. The Commission is also concerned that Senate File 504, which requires the Regions to spend down their fund balances by SFY 2021, will negatively impact the stability of their funding and limit the ability of MHDS regions to provide innovative services. ~~Some regions have reduced their property tax levies to comply with Senate File 504 rather than establishing new services because they are concerned that they would not have sustainable funding to continue those new services.~~

The Commission offers the following recommendations to the General Assembly in order to ensure appropriate access to Iowans with mental health needs, intellectual and developmental disabilities and brain injuries to ensure the rights of all Iowans to receive supports and services in the community when possible and ~~rather than~~ institutions when necessary, and to ensure that there is a focus on maintaining and increasing the quality of life of Iowans served.

Commented [DW1]: Additional comments made that members will need to address where this information should be added.
• Discuss prioritization of the services at the regional level in respect to performance-based contracts
• Ensure an array of services are available depending on person-centered planning including state resource centers and mental health institutes
• Ensure that oversight is commensurate with the level of care and that training is available to meet demands.
•Address consistency of services within a region and across regions.

Commented [DW2]: Remove reference to SF504 and replace with concerns regarding SF619 fund balance ultimately at 5%, which will leave regions with less than one month in operating costs. Recommend a 10% fund balance.

Vision: The MHDS Commission envisions a Mental Health and Disabilities service system that offers supports, services and funding that meet the needs of all Iowans, regardless of their age, disability or address.

To achieve this vision, the MHDS Commission has established the following policy statements:

1. The MHDS Commission recommends that the Legislature should address the workforce shortage to ensure the availability of staff to provide the supports and services that individuals with behavioral and mental health needs, intellectual/developmental disabilities and brain injuries need to be able to live in the community when possible and ~~rather than~~ institutions when necessary.
2. The MHDS Commission recommends that the Legislature should ~~establish~~ continue to focus on a stable and predictable long-term funding structure for child and adult behavioral, mental health, intellectual/developmental disability and brain injury services that is appropriate to support growth and innovation over time.
3. The MHDS Commission recommends that the Legislature should implement a children's services system which utilizes a full array of nationally recognized, evidence-based models of care for children in the state who have behavioral and mental health needs, intellectual and developmental disabilities, and brain injuries.
4. The MHDS Commission recommends that the Legislature should create an environment that encourages and supports the provision of core services, the development of additional services, including services that help maintain community tenure such as an appropriate level of transportation, and the expansion of services to additional populations, such as developmental disability and brain injury services in all areas of the state.

To create a system that realizes this vision and incorporates these policy statements, the MHDS Commission recommends the following specific actions:

1. Expand the availability, knowledge, skills, and compensation/benefits of professionals, paraprofessionals, and direct support workers as an essential element in building community capacity and enhance statewide access to a comprehensive system of quality mental health and disability services in alignment with the Certified Community Behavioral Health Clinic model by implementing incentive programs to train, recruit, and retain professionals and paraprofessionals qualified to deliver high quality mental health, substance abuse, disability, and brain injury services.

   The workforce shortage in Iowa continues and has worsened over the past year. The shortage of psychiatrists and the barriers to accessing acute psychiatric care in our state are still readily apparent. Special incentives encourage and support Psychiatrists, Psychologists, Psychiatric Physician Assistants, Advanced Registered Nurse Practitioners, and other mental health and substance abuse treatment professionals who are trained in Iowa to stay and practice here and could attract professionals trained elsewhere to practice in Iowa and encourage their retention.

   Professionals indicate that effective incentives include loan forgiveness programs and opportunities for fellowships. Such programs could be targeted to specific professionals and specialties that are most needed. Current loan forgiveness programs are restricted to areas that are designated as "Health Professional Shortage Areas" and should be expanded at all areas throughout the state to encourage professionals to provide services in Iowa.

Wages, benefits and training for direct care workers must be competitive. To achieve this, provider reimbursement rates from all payers, including Medicaid, need to be set at a level that is adequate to preserve service stability for ~~consumers~~ clients~~,~~ build community capacity, and enable safety net providers (including community mental health centers and agencies providing substance abuse treatment) to offer and expand access to services that meet the complex needs of individuals served by the MHDS system. ~~Medicaid rates should be the same for in-person and telehealth services, and~~ ~~t~~Telephonic therapy should ~~continue to~~ be a reimbursable service in limited circumstances where the internet access or the ~~patient's~~ client's technological skill level are inadequate. Access to the internet must continue to be enhanced throughout the state to permit greater utilization of telehealth.

2. ~~Create~~ Continue to ensure a uniform, stable and adequate system which funds the MHDS Regions to provide services for the needs of individuals with behavioral health, mental health, intellectual/developmental disabilities and brain injuries.

   The MHDS Regions need a stable funding system that allows them to continue to provide current services and gives the flexibility to develop new and innovative services. The funding must be adequate to fund services for the needs of individuals with behavioral health, intellectual/developmental disabilities, and brain injuries regardless of geography or age. ~~to fund the estimated $30 million in costs for the recently mandated array of crisis services and services for adults with complex needs and children's' services.~~

3. Develop a robust system of services which are readily available for children with developmental disabilities including intellectual disabilities and brain injuries to be coupled with the Children's Behavioral Health System established in 2019.

   An integrated service system for children with serious emotional disturbances, intellectual/developmental disabilities and brain injuries is critical to their health and well-being. It must make effective and efficient use of our scarce resources and potentially reduce costs to the adult mental health system. Early intervention and prevention are ~~well-accepted methods~~ essential to reduce the incidence, prevalence, personal toll, and fiscal cost of mental illness, intellectual disabilities, and developmental disabilities.

   The service delivery system for children must align with Family First Legislation and be evidence-based and include intensive, home-based treatment interventions that work with children and their families to improve long-term outcomes and prevent costly, traumatic, and largely unproductive out-of-home placements.

   The actions by the Governor and the legislature in creating a system of care for children with Behavioral Health needs was a first step in providing for the needs of children with disabilities in Iowa. Expansion to include the development and management of a system of care for children in other diagnostic groups by the MHDS Regions is paramount. In addition, the Legislature must ensure that the state ~~has~~ continues adequate funding ~~available~~ for this system.

4. Create and maintain a data infrastructure that, among other things, facilitates evaluation, on an ongoing basis, of the implementation of evidence-based, evidence supported and promising practices.

Commented [DW3]: Examples?

Commented [DW4R3]: "develop services in Iowa that negate or reduce the need for out of state placements for children with complex needs". – may want to look at Medicaid's ARPA plan for HCBS for consistent language

~~Funding and incentives should be developed and maintained to encourage supports and services which have shown effectiveness in Iowa. Training for professional and direct care staff is necessary to achieve effectiveness. Reimbursements to providers must be adequate to provide this training. Governmental entities will have to be able to generate revenue to fund this reimbursement change.~~

The state must develop and maintain a data infrastructure necessary to evaluate the impact of the supports and services provided using systemically consistent outcome measures. Partnering across departments and levels of government can reduce the costs of maintaining multiple systems that may be duplicating each other and would allow for better data analytics by creating a uniform structure for data reporting and analysis.

5. Funding and incentives should be developed and maintained to encourage supports and services in Iowa, which have shown effectiveness. Training for professional and direct care staff is necessary to achieve effectiveness. Reimbursements to providers must be adequate to provide this training. Governmental entities will have to be able to generate revenue to fund this reimbursement change.

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~~Part 3: Evaluation of the State Disability Services System~~

~~The extent to which services to persons with disabilities are actually available to persons in each county in the state and the quality of those services, and the effectiveness of the services being provided by disability service providers in this state and by each of the state mental health institutes established under Chapter 226 and by each of the state resource centers established under Chapter 222. (Iowa Code 225C.6(i)).~~

~~Report of the County and Regional Services~~

~~When the Iowa Legislature passed Senate File 2315 during the 2012 session, counties were required to regionalize; plan, develop, and fund a set of core services; share state and local funding; and plan for expanded services and services to additional population groups as funds became available. 14 new mental health and disability service regions were created through 28E Agreements, governed by members of county boards of supervisors in consultation with representatives of provider agencies and clients and families. The implementation of the new system commenced on July 1, 2014.~~

~~The Regions' 28E agreements provide for some flexibility in a county's ability to change regions. Effective July 1, 2020, Dickinson and O'Brien joined Sioux Rivers Region and Kossuth, Winnebago, and Worth joined Northwest Iowa Care Connections Region. Legislation in 2020 allows counties in the County Social Services (CSS) Region to break away and organize an additional region.~~

~~Legislative Changes~~

~~In 2017, SF 504 created a statewide workgroup co-chaired by the Department of Human Services and Department of Public Health that included representatives from law enforcement, mental health and substance use disorder providers, hospitals, the judicial system, NAMI, and the MHDS Regions. The statewide workgroup created "The Complex Needs Workgroup Report" which resulted in the passing of HF 2456. HF 2456 named the regions responsible for providing~~

access to and funding intensive crisis services, access centers, assertive community treatment, and intensive residential service homes. The legislation requires a minimum of:

- 6 Access Centers that include:
  - Assessment capabilities,
  - Residential subacute,
  - Residential crisis stabilization, and
  - Direct access to substance use disorder treatment
- 22 Assertive Community Treatment Teams, and
- Intensive Residential Service Homes for 120 slots.

These intensive services will require careful investment and multi-party collaborations in order to have successful outcomes.

In 2018, Governor Reynolds signed Executive Order 2 creating the Children's System State Board. The Board was directed to submit a strategic plan for building a children's mental health system with concrete solutions to the challenges that exist relating to children's mental health in the State of Iowa. The strategic plan resulted in the passing of HF690 which established the Children's Behavioral Health System and the Children's Behavioral Health System State Board. HF690 named the Regions responsible for providing access to core behavioral health services for children. Administrative rules determined the time line for providing access to these core services. The following core services for children were to be developed by July 1, 2020:

- Assessment and evaluation relating to eligibility for services
- Behavioral health outpatient therapy
- Education services
- Medication prescribing and management, and
- Prevention.

The following core services for children are to be developed by July 1, 2021:

- Behavioral health inpatient treatment.
- Crisis stabilization community-based services.
- Crisis stabilization residential services.
- Early identification.
- Early intervention.
- Mobile response.

The Regions are also responsible for funding core services for children who meet the following requirements:

- Under the age of 18 and resident of the State of Iowa
- Diagnosed with a serious emotional disturbance
- Child's family has a family income equal to or less than five hundred percent of federal poverty level as defined by the most recently revised poverty income guidelines published by the United States department of health and human services
- A child's family whose household income is between one hundred and fifty percent but not more than five hundred percent of the federal poverty level shall be eligible for behavioral health services subject to copayment, a single statewide sliding fee scale, or other cost-sharing requirements approved by the department

The legislation added these much needed services but fell short of identifying stable ongoing funding.

Other Changes Impacting the MHDS System

Iowa Health Link:

On April 1, 2016, three managed care organizations (MCO), Amerigroup Iowa, AmeriHealth Caritas Iowa, and UnitedHealthcare Plan of the River Valley assumed responsibility for providing services to the majority of Iowa's Medicaid members. On November 30, 2017, AmeriHealth Caritas Iowa withdrew from the state as an MCO. There was also the loss of local conflict free case management. In May 2018, the state announced that Total Care Iowa would begin providing services in Iowa as an MCO on July 1, 2019. UnitedHealthcare Plan of the River Valley withdrew from the state as an MCO on July 1, 2019.

CMS HCBS Service Rules:

The Centers for Medicare & Medicaid Services (CMS) issued regulations that define the settings in which it is permissible for states to pay for Medicaid Home- and Community-Based Services (HCBS). The purpose of the rules is to ensure that individuals receive Medicaid HCBS in settings that are integrated in and support full access to the greater community. This includes opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community. Providers of congregate care settings have developed transition plans in order to meet the criteria.

The State submitted an updated statewide settings transition plan (STP) to CMS on April 1, 2016. States are required to have the new rules implemented by 2022 and Iowa is on track to meet that deadline.

Iowa Olmstead Plan:

The Department worked with staff from the Center for Disabilities and Development and a committee of the Olmstead Consumer Task Force to redesign the plan framework, include background information on programs and initiatives, and identify data to objectively measure outcomes for Iowans with disabilities and progress toward plan goals. The five-year plan runs from 2016-2020.

Service Access and Quality of Services Regions

Service Access

Regions submit quarterly reports on core access standards and monthly updates on additional cores services development to the Department's Division of Mental Health and Disability Services. These reports reflect the availability of services statewide.

- All 14 Regions are in the development phase of their Crisis Stabilization Community Based Services Beds.
- All 14 regions either have developed or contract with another region for Crisis Stabilization Residential Services Beds.
- Eleven regions have Mobile Response with an additional three regions in the planning stages.
- Eleven regions currently have 24-hour Crisis lines.
- Two regions have Subacute services with twelve regions in the planning and development stages

- Nine regions are operating 14 Assertive Community Treatment (ACT) teams with five regions in the development stage
- One region is in the development stage for Intensive Residential Services with thirteen regions in the planning stage.
- Ten regions are currently developing Access Centers with four regions in the planning stage

Additional core services developed by the regions include Jail Diversion programs and pre-screenings for individuals under civil commitment. Some regions are also offering Crisis Intervention Training for law enforcement.

Areas of Achievement

The MHDS Regions continue to surpass expectations in the development of core and additional "core plus" services. Initially there was an intentional investment into Community Based Services by the MHDS Regions to meet access standards. The focus in the last 2 years has largely been in the area of Crisis and Diversion Services. HF 2456 moved Crisis Services into the core service domain and are now a requirement of the regional service array such as Mobile Response, 23 hour observation, Crisis Stabilization, and Subacute Services.

HF690 established the Children's Behavioral Health System directed Regions to develop core and core plus services displayed above. The MHDS Regions continue to develop and expand these services as some regions already provided services to children before the system implementation.

Concerns and Identified Gaps

- Continued workforce shortage including direct care staff. Due to the COVID-19 pandemic, workforce shortages have continued to worsen over time.
- Challenge for Managed Care Organizations in correct and timely payments to providers along with addition to pre-authorization requirements and payment rates.
- Lack of timely access to a comprehensive array of services that can effectively serve individuals with severe multiple complex needs.
- Change in how case management is provided for individuals on Medicaid who are eligible to receive case management services.
- The lack of intensive psychiatric hospital beds that shifts responsibility for acute care settings to the community hospital network which currently lacks the ability to appropriately treat individuals with severe multiple complex needs.
- The effects of the Centers for Medicare and Medicaid Services Home and Community Based Services settings rules and Iowa's plan to achieve compliance to the rules on larger residential and vocational service settings.
- Governor's proposal identified bringing a combination of sales tax and general funds into the MHDS system but did not move forward due to session being interrupted and no additional funds were added to the system.

Report of the MHI, SRC, and Disability Services Committee

After reviewing the available data in an effort to evaluate the effectiveness of the services being provided by disability service providers in this state and by each of the state mental health institutes and each of the state resource centers, the Commission concluded that information measuring the effectiveness of services continues to be limited. True evaluation of the services

~~system requires qualitative data, as well as that quantitative information that is more readily available. Toward that goal, the Commission reviewed current measurements and offers recommendations for future statewide data collection.~~

~~The information currently gathered by the Mental Health Institutes (MHIs) and Resource Centers (RCs) is primarily census data rather than qualitative measurements of satisfaction and outcomes. The number of discharges from State Resource Centers is available, but information on numbers of people being moved from provider to provider due to problems with their service is needed to provide a complete picture of effectiveness and outcomes. Waiting lists only capture information on individuals who are accepted on the waiting list. They do not capture any information on how many people did not apply for the list because they are in inappropriate places such as jails or hospitals because there are no other options available. Admissions and discharge data is available for the Mental Health Institutes, but there is no way to track where people are discharged to, and if they have a good outcome following their MHI treatment. Similarly, community providers currently gather their own programmatic data, but there is no statewide repository for such data and the provider data collection methodology and measurements vary. Counties have been required to gather statistical data for years. While this collection has been based on the same data requirements, analysis of the data with regard to potential outcomes has not been generated.~~

~~A statewide collaborative spearheaded by MHDS Regions and the Iowa Association of Community Providers and includes representatives from Medicaid MCOs, the Department of Human Services, and individuals familiar with the service delivery system, has begun collecting outcome data through the Quality Service Development, Delivery, and Assessment (QSDA) initiative. QSDA facilitates a statewide standardized approach to the development and delivery of quality MHDS services measured through the utilization of outcome standards. QSDA has identified four functions for statewide implementation.~~

- ~~Implement service delivery models - learning communities, multi-occurring, culturally capable, evidence based practices, and trauma-informed care.~~
- ~~Work to ensure that providers are utilizing evidence-based practices and best practices.~~
- ~~Identify and collect social determinant outcome data.~~
- ~~Enter into performance or value-based contracts~~

~~The State Resource Centers have identified barriers in community provision of service related to moving individuals from residential care to care in communities of choice. As of December 31, 2019, the combined census of the two RCs was 321 individuals, with five of those individuals being minors.~~

Summary

There have been extraordinary changes to the MHDS system over the last two years. The development and expansion of core services and regional collaboration have transformed the system with the goal of more effectively and efficiently serving Iowans with disabilities and mental health conditions. The Commission also sees both opportunities and challenges in ensuring that service providers and funders continue to operate and meet the needs of Iowans across the state. We urge all stakeholders to recognize what has been accomplished and renew their commitment to work together to ensure that our MHDS system has adequate and predictable resources to meet the challenges of transition and growth, and to achieve high quality and long-term stability.

This report is respectfully submitted on behalf of the members of the Mental Health and Disability Services Commission.

John Parmeter, Chair

MHDS Commission Membership 2019 – 2020

John Parmeter (Chair)	Provider of Children's Mental Health Services; Orchard Place	Des Moines
Russell Wood (Vice Chair)	County/Regional MHDS Services; Central Iowa Community Services Disability Coordinator	Hampton
Betsy Akin	Parent or Guardian of a resident at a State Resource Center	Corning
Diane Brecht	ID/DD Provider;	Cedar Rapids
Teresa Daubitz	Service Advocate UnityPoint	Cedar Rapids
Janee Harvey	DHS Nominee; Division Administrator of Adult, Children and Family Services	Des Moines
Shari O'Bannon	Parent of a Child Consumer	Storm Lake
Timothy Perkins	Veteran	Des Moines
Maria Sorensen	Consumer	Greenfield
Cory Turner	Iowa Department of Human Services; Division Administrator of Mental Health and Disability Services, Facilities	Cherokee
Richard Whitaker	Community Mental Health Center; Vera French	Davenport
Lorrie Young	Substance Use Disorder Treatment Provider; Prairie Ridge	Mason City